



**PARENTERAL NUTRITION**  
Service Authorization Required:  
CMN Required: [726](#)

**DURABLE MEDICAL EQUIPMENT MANUAL**

COVERAGE AND LIMITATION  
CRITERIA/POLICIES

EFFECTIVE: MARCH 2007

REVISED: June 2017

**PARENTERAL NUTRITION**

**Indications and limitations of coverage and medical appropriateness:**

Coverage allowed if **ALL** of the following conditions are present:

- Considered reasonable and necessary for a member with permanent or severe pathology of the digestive tract, which does not allow absorption of sufficient nutrients to maintain weight and strength.
- Consist of at least 90% of the patient's daily nutritional intake.

If a pump is required to deliver the nutritional supplement, reimbursement will be made for the simplest model that meets the medical needs of the member as established by the medical documentation. Only one pump will be covered at any one time.

If all requirements have been met; the medically necessary nutrients, administration supplies, and equipment are covered.

The ordering physician/practitioner must have seen the member within 30 days prior to the initial certification. If unable to see the member, documentation must accompany the service authorization stating the reason why and how the member's enteral needs were evaluated.

No more than one-month's supply of parenteral nutrients, equipment or supplies are allowed for one month's prospective billing.

Limited to one every five years.

**Documentation Requirements:**

- Prescription from prescribing physician/practitioner
- Physician's/practitioner's documentation needs to address medical necessity.
- CMN



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**Non-covered:**

- Requests for additional pumps will be denied as not medically necessary/ no exceptions.
- Special parenteral formulas (B5000-B5200) are non-covered/ no exceptions.

Date Revised	Revisions
June 2017	Reviewed and reformatted.